

Job Information

Building Permit Application

Permit #

Office: 303.754.3321 Fax: 303.708.1790

Estimated value:	Any Exterior Work?	Job Site Address (Number/ Street Name/ Suite):					
Electrical Value:	Façade changes, mechanical equipment or site work?	Job Site Address (City/ State/ Zip Code):					
	Property Legal Description (Lot/ Block/ Subdivision):						
Job Description:	<u> </u>						
Contact Information							
Applicant:			/Fax:		Email Address:		
Contact person:			/Fax:		Email Address:		
Architect:			/Fax:		Email Address:		
Property Owner Informat	ion						
City:			is:			Same As Above	
City:			State/Zip:			Phone:	
Contractor Information							
Name:			Address:			Same As Above	
City:			State/Zip:			Phone:	
egulating construction or the perfo ecords are subject to audit and veri have read and examined this applic	rmance of construction. Further, I cons	sent to pay the ving final inspe	e use tax base	d upon the purchase price of a	Il building construction	Building Code or any other state or local la materials, as required by law. I understa rds for the same period. I hereby certify th	
Office Use Only							
Licensed: Yes No	Insurance - GL: Yes No	Insuranc	e - WC: Ye	s No Tax Exem	pt Verified By:	Date:	
Zoning Check By:	Date:			<u>Description</u>	Sq. Foota	age <u>Valuation</u>	
Zoning District:	Site Plan Case N	No.		Unf. Basement		\$	
School District:				Fin. Basement		\$	
CCRBDA Fee:		Yes	No	Living Space		\$	
E-470 Fee:		Yes	No	Garage		\$	
Flood Plain Fee:		Yes	No	Deck/Porch		\$	
Tran. Fee:		Yes	No	Total Valuation:			
Total Fees:				Occupancy:			
				Permit Fee:	\$		
Construction Type:				Plan Review Fee:	\$		
Staff Comments:				Use Tax: 2.5%	\$		
FD:				Use Tax: 0.25%	\$		
Sub List: Yes No (Will	fax to Licensing)			Total	\$		